

HOW TO PASS MD SHORT CASES

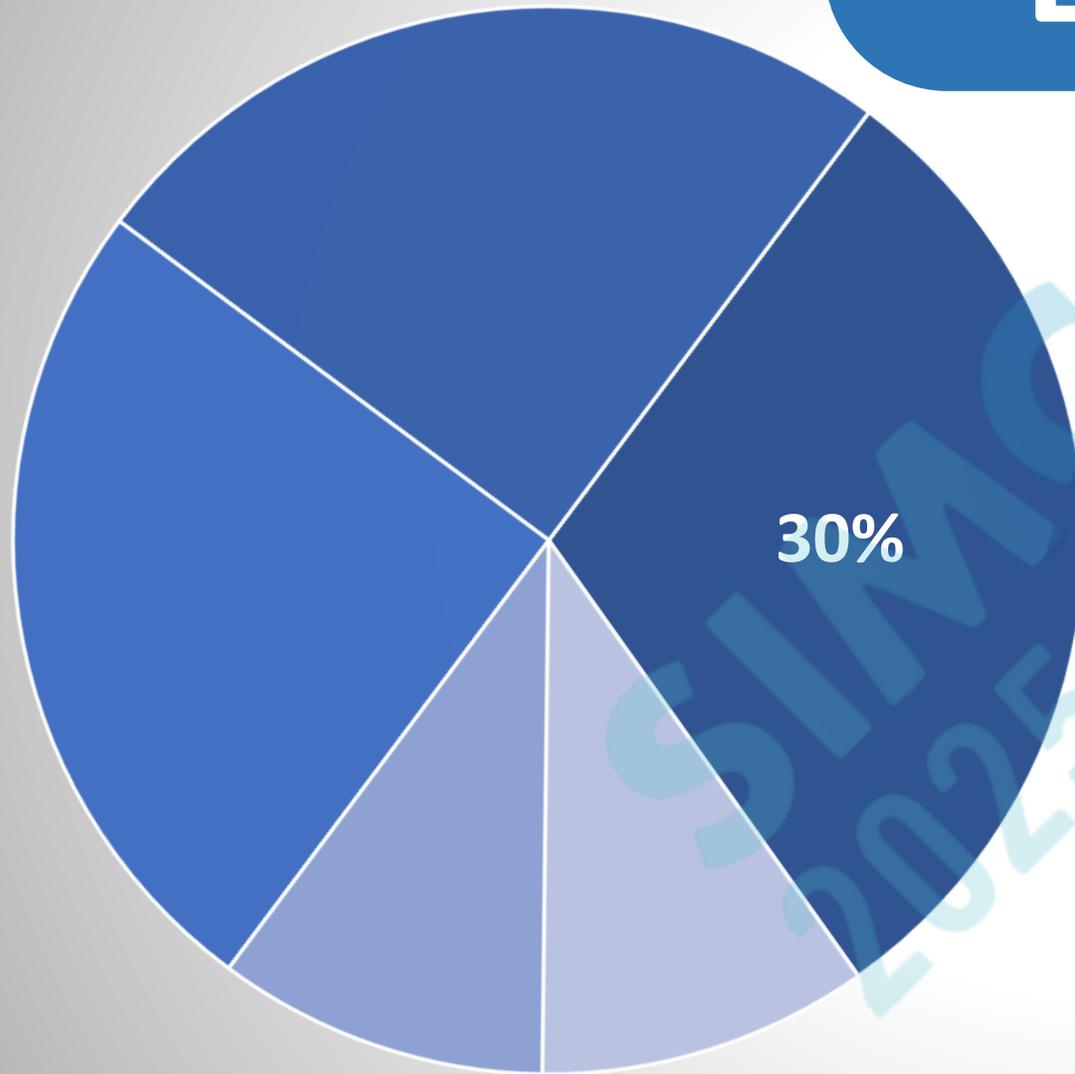
DR V SUJANITHA

Outline

- Examination format
- Short case stations
- General rules
- Domains tested
- Individual stations
- Common pitfalls
- Preparation
- Summary



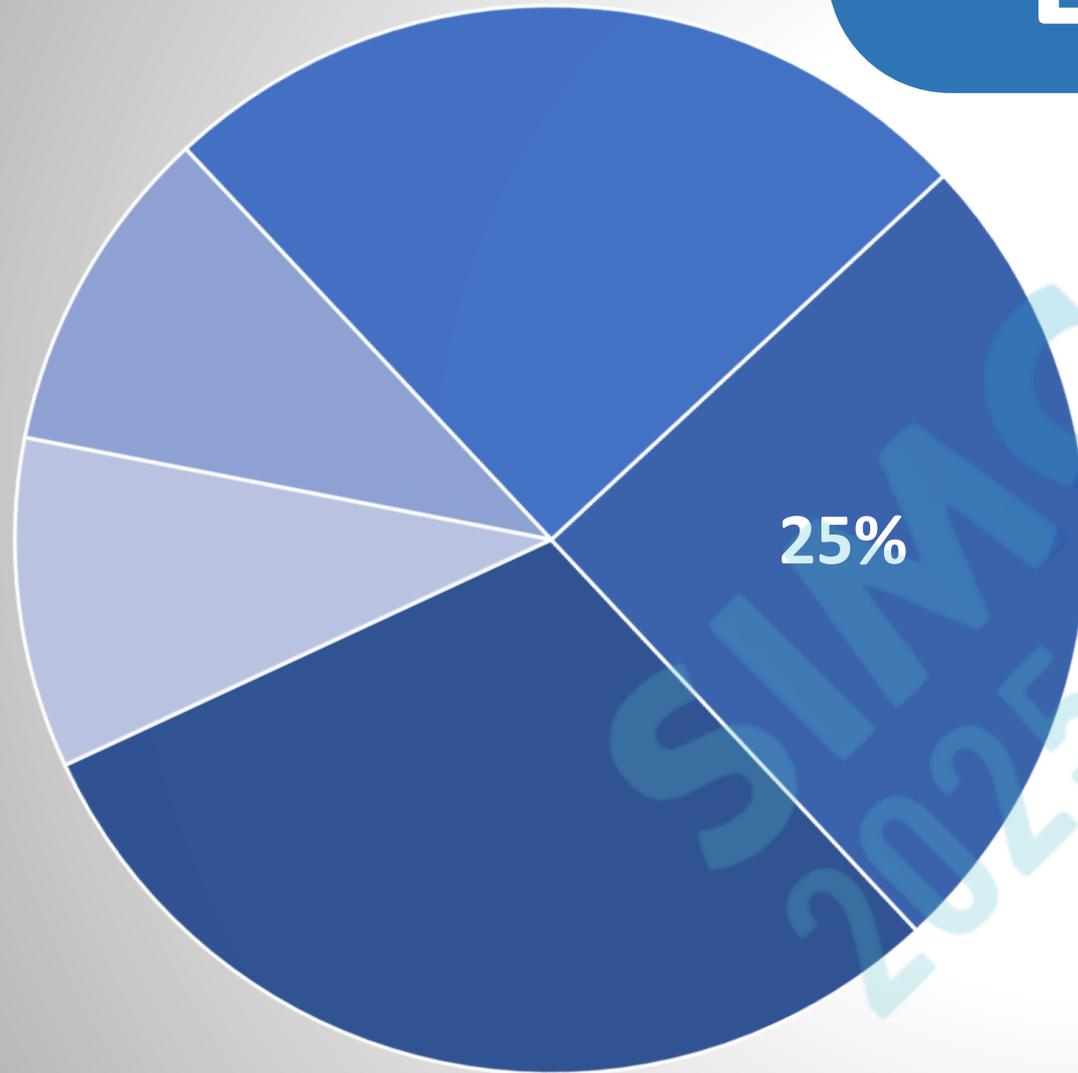
Examination format



Written component

Should have minimum 50% for pass with at least 40% in each subcomponents

Examination format

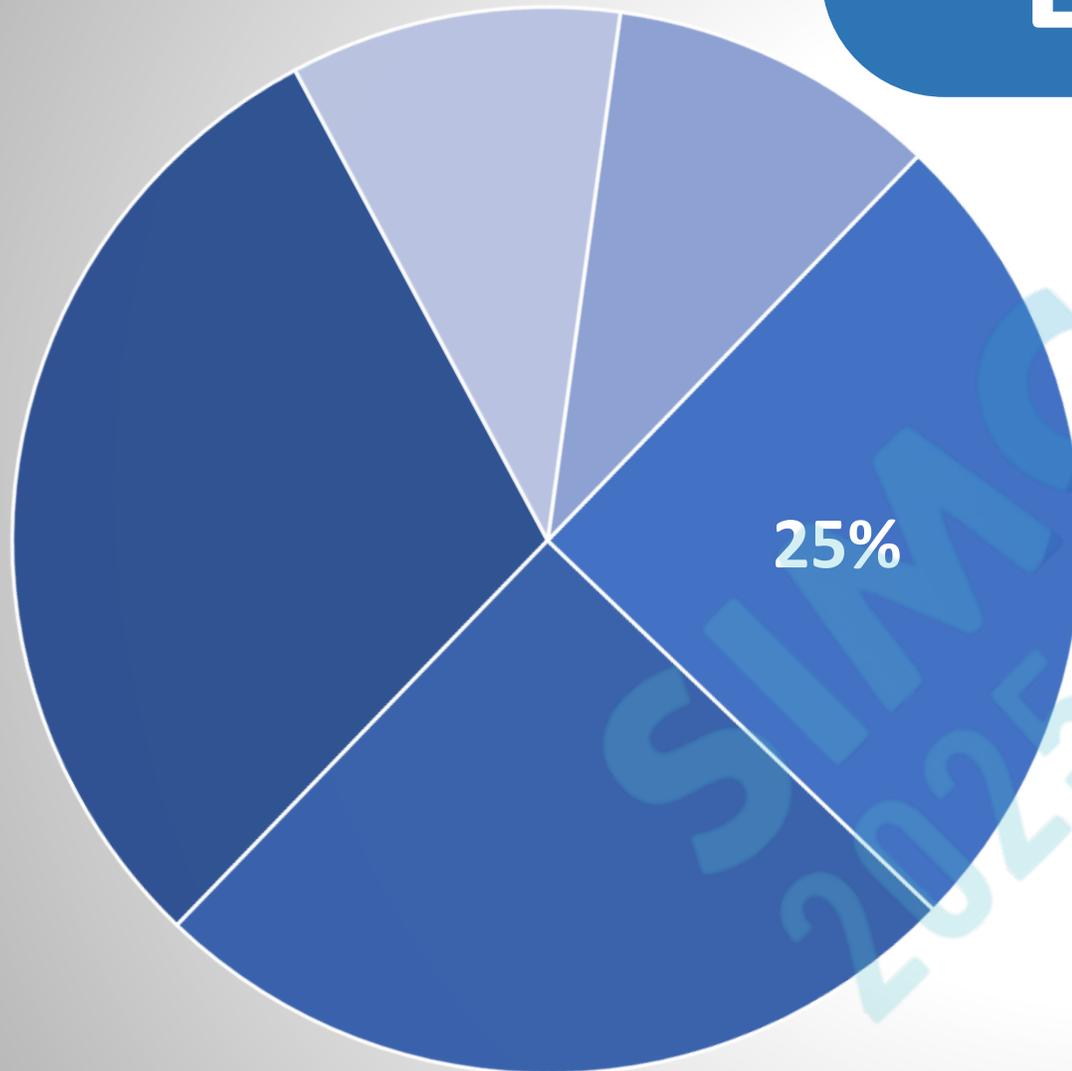


Once you clear the written component

LONG CASES

Should have minimum 50%
for pass

Examination format



Once you clear the written component

SHORT CASES

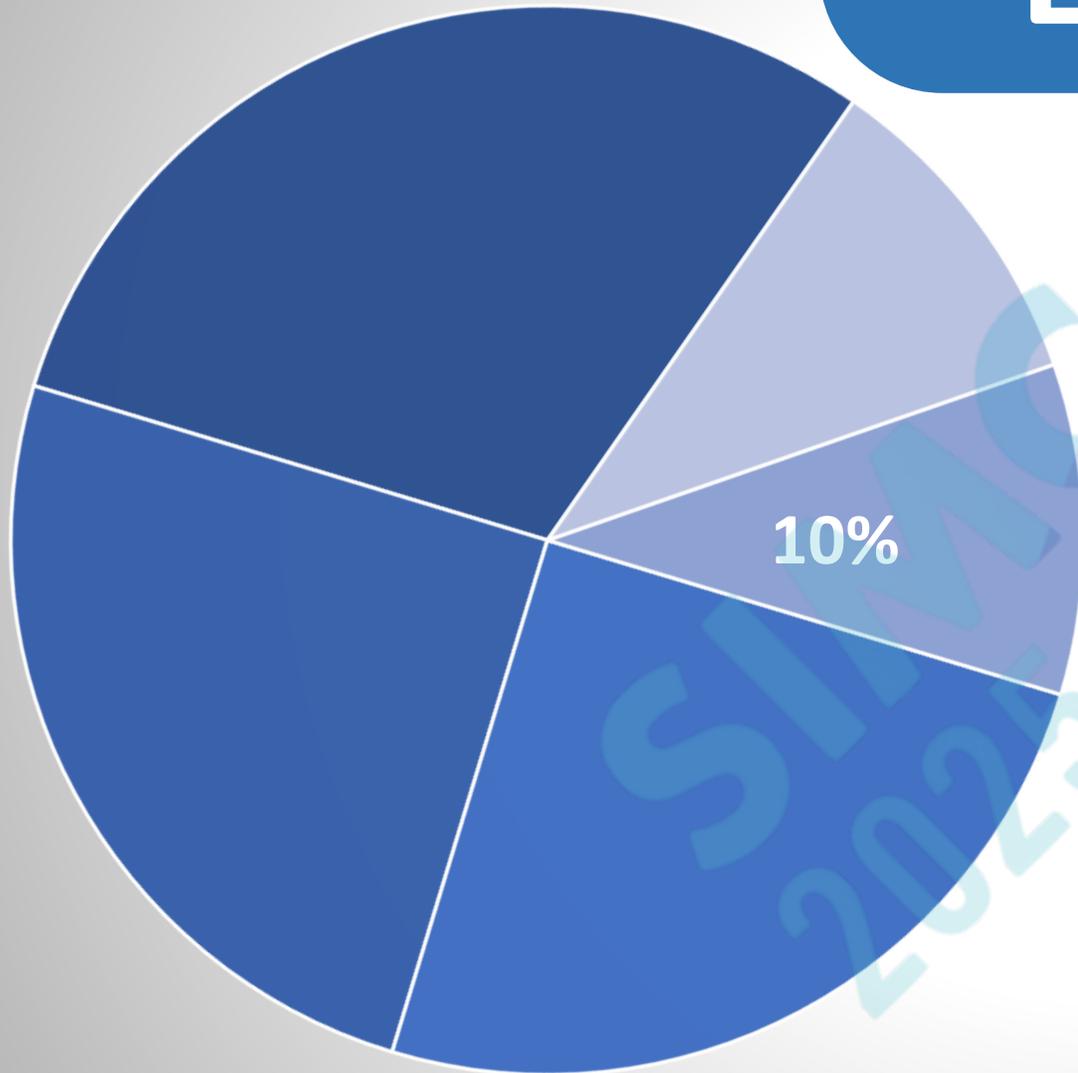
Should have minimum 50%
for pass

Examination format

Once you clear the written component

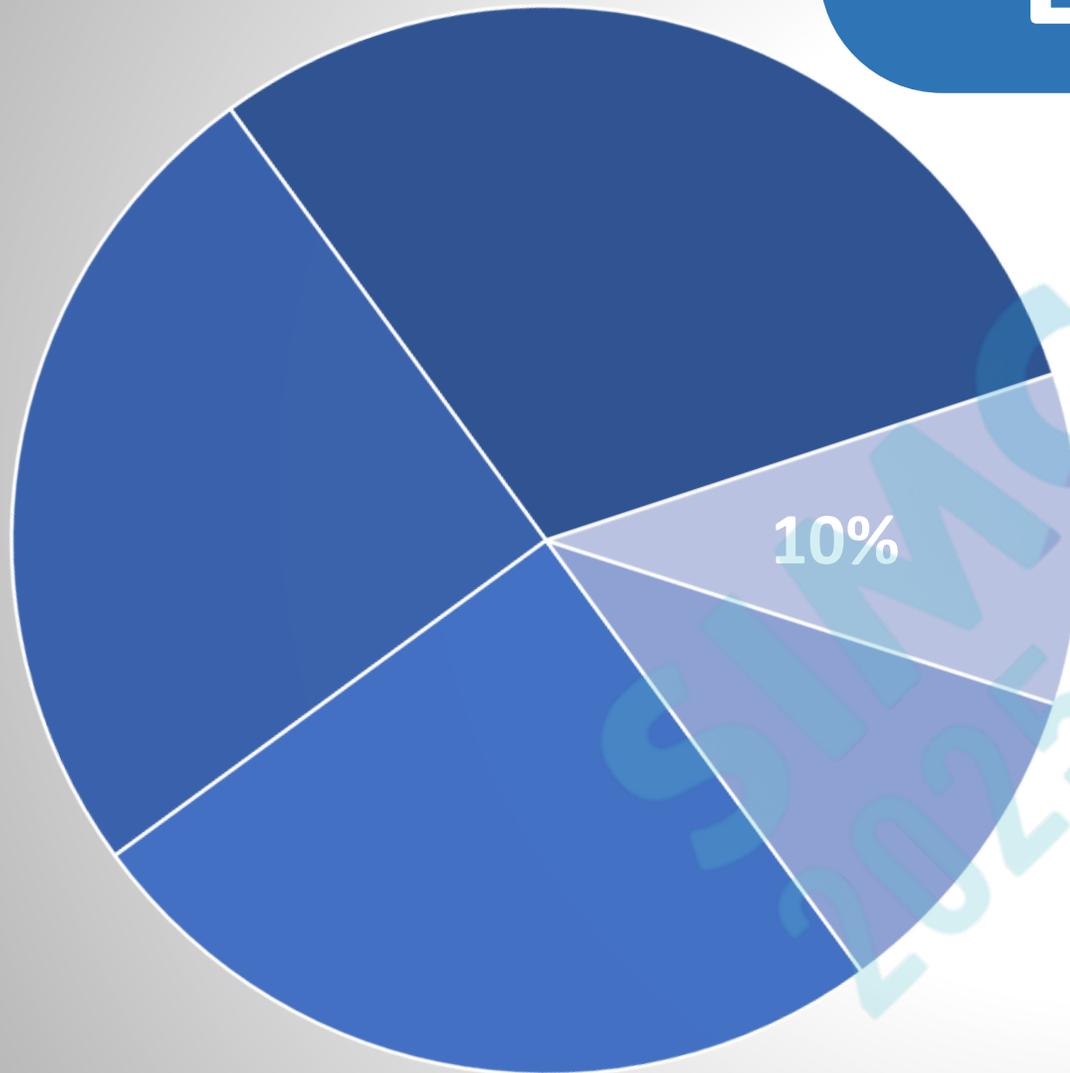
VIVA

Should have minimum
40% for pass



Examination format

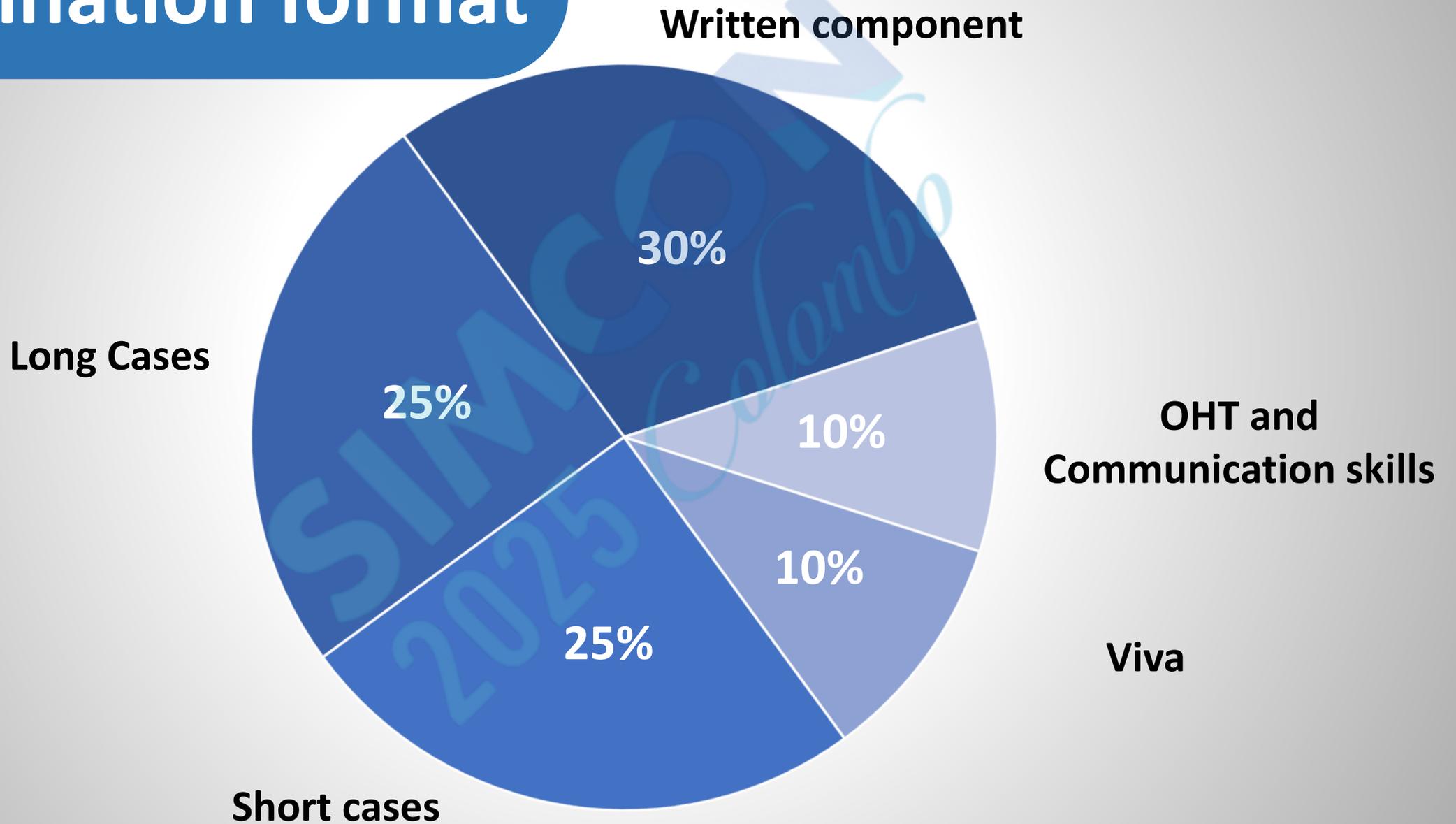
Once you clear the written component



OHT and Communication
skills

Should have minimum 40%
for pass

Examination format



Short cases
25%

CVS

RS

Abdomen

NS

Other systems

General rules

- Five stations
- Two examiners per station
- Candidates will rotate in carousal
- For each major system short case: 10 minutes
 - 6 minutes: examination
 - 4 minutes: Discussion
- Other systems: Two cases to be examined in 10 minutes

General rules

- A written instruction is given for each case
- Eg:
 - This patient presented with SOB. Examine his RS to find out the cause
 - Examine the eyes neurologically
 - Examine the lower limbs neurologically etc



General rules

- Begins with a bell.
- At 5 minutes one examiner will inform the candidate that one minute is left.
- At 6 minutes a single bell will ring and the candidate should stop examination and will start to present.
- At 10 minutes a double bell will ring.

General rules

- Candidate to move to next station at 10 minutes.
- If candidate finishes early, will have time to do more examination or to recheck your findings.
- Discussion will commence early once you confirm that you have completed the examination.
- But once you start presenting you cannot go back and say “I forgot to check this particular examination”. Make sure everything is done.

Domains tested and marked

Physical examination

20%

Eliciting physical signs

40%

Interpretation of physical signs

40%

Maintaining patient welfare

Yes/No

Other Systems

- Includes areas which are not tested in the 4 major systems
- Eg:
 - Musculoskeletal system, Endocrine system, Dermatology, ophthalmology etc
- Candidate will examine two cases within 10 minutes.
- Written instructions given
 - Eg:
 - Inspect this patient's face and proceed to examine any other areas of interest.
 - Look at the hand and do the relevant examination etc

On the exam day

- Examiners: Generally one in internal medicine, other one may be in base specialty or in internal medicine. This may change.
- Arrives early, see the patients independently and calibrate.
- Together satisfies on clinical signs and interpretation.
- Agrees on the command to be given to candidates, minimum signs to be elicited, false positives and negatives, signs which carry extra marks, DD to be considered etc.

General Examination

- Most important part of the examination
- Methodical examination: No time to think and proceed
- Focus on the signs relevant to the system
- Look for hard signs
- Base your diagnosis with hard signs

CVS

- General examination
- Pulse
- BP
- JVP
- Precordium

SIMCOON
2025 Colombo



CVS

Common cases

- MS,MR or mixed mitral valve disease
- AS,AR or mixed aortic valve disease
- Any of the above combination
- CHD:ASD, VSD, Eisen-Menger syndrome
- Prosthetic heart valves with or without complications

CVS

Interpret in view of

- Pathology/dominant pathology
- Severity
- Aetiology
- Complications

For that particular patient

RS

Common cases

- Pleural effusion
- Apical fibrosis
- ILD
- Bronchiectasis
- Consolidation
- Lung masses

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Abdomen

- Hepatomegaly
- Splenomegaly
- Combination of above
- Ballottable kidneys
- Transplanted kidney

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NS

- Remember the sequence
- Read the instructions carefully
- Do not forget the inspection

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NS

Remember the order

- Inspection
- Tone
- Muscle power
- Reflexes
- Coordination
- Sensory testing

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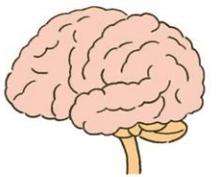
What is expected?

Try to identify

- Where is the lesion
- What is the lesion
- **Wrong interpretation equally demonstrate the incompetency like missing signs**
- **Modify the way you are testing continuously**

Common cases

- Cranial nerve palsy/combinations
- Hemiplegia
- Paraplegia with or without sensory level
- Cerebellar signs
- Peripheral neuropathy



Common patterns

- UMN
- LMN
- UMN plus LMN
- Extraparamidal
- Cerebellar
- Myopathy

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Other Systems

- Dermatology
- Rheumatology
- Endocrine
- Eye

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Other Systems

Common cases

- RA
- Psoriasis
- Ankylosing spondylitis
- Systemic sclerosis
- Cushing syndrome
- Acromegaly
- Thyroid diseases
- Eye

Short cases check

- Clinical skills — examination technique, accuracy
- Reasoning ability — ability to interpret findings and form differential diagnoses.
- Professionalism and communication — how you interact with the patient and examiners.
- Time management

Common pitfalls

- Missed essential steps
- Wrong techniques or wrong order
- Missing the general examination hard signs or obvious signs
- Ignoring negative findings
- Failure to interpret findings

Common pitfalls

- Time management: Spending too long on one aspect and failing to complete the rest.eg:apex beat
- Forgetting basic courtesies to the patient.
- Unprepared presentation
 - Poor examiner interaction
 - Weak presentation skills
 - Weak clinical reasoning
- Overlooking common cases

Preparation

- Strengthen your core clinical skills

Practise systematic examination routines until they become second nature.

Each examination should be focused, fluent, and logical — avoid hesitation or repetition.

Preparation

- Refresh the skills: text book on clinical signs and interpretation, clinical reasoning
- Examine as many patients as possible in wards and clinics.
- Practice: number and quality matters
- Be trained by your supervisor, teaching sessions, yourself
- Get feedback from consultants and colleagues after each case
- Attend MOCK exams



Preparation

- Think clinically, not mechanically.
- Present logically
- Summarize findings clearly:
“In summary, this patient has evidence of mitral stenosis with atrial fibrillation and features of right heart failure.”
- Follow with differentials and reasoning.
- Be methodical, calm, and courteous.

Preparation

- Practice mock exams with peers and supervisors under timed conditions.
- Record yourself to check fluency and posture.
- Focus on common exam cases — rare ones are less likely.
- Keep a small notebook of “classic findings” you’ve seen in wards.
- Revise spot diagnosis features.

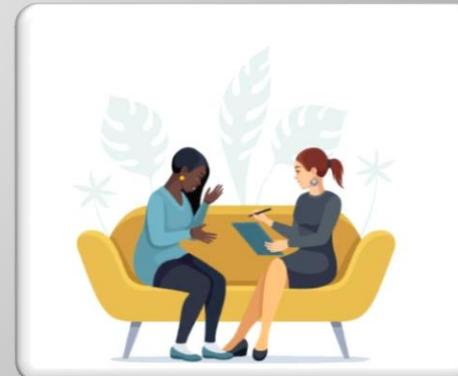


On the exam day: candidates

- Don't be afraid of known tough examiners.
- Don't be carried away with the previous day cases or leaked cases.
- Read the instruction carefully.
- Forget the previous station when you go to the next station, start new.
- You can well compensate in other stations even you fail in one station.
- If you do all cases well, the chances of entering to your preferred specialty later increases.
- Do not create the physical signs.
- Discuss as you discuss with your peers, present logically, answer what is asked.

Patient welfare and Professionalism

- Be mindful of how you treat the patients
- They are human beings: always remember this
- Explain what you are doing and what you expect them to do.
- Greetings, introducing yourself, thanking at the end all important.
- Exposure:(what is required only)
- Consider the pain and other emotions, warn them before doing anything that may cause discomfort. Eg: Plantar response, trachea examination.
- Put the patient in ease always.
- The way you stand and present the case matters!



Summary

- “Short cases test the art of clinical medicine.”
- Understands the basics
 - Eg: Valvular diseases and cardiac physiology, neuroanatomy, differentiating spleen or liver from kidney etc
- See adequate number of patients systematically.
- Present what patient has, do not create physical signs.
- You pass not by perfection, but by clarity, confidence, and clinical reasoning.

**Practise until every
examination becomes
natural and meaningful**



**Safe technique + Clear findings +
Logical reasoning + Professional
conduct**

Successful Candidate



THANK YOU